

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	965
Logged In	
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other
Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

FEB 1 2005

Political Party (if applicable)

Office Sought

1-31

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Marsha McKibben
SIGNATURE OF PERSON FILING REPORT

641-752-6908
TELEPHONE

January 31, 2005
DATE SIGNED

I AM FILING A January 19, 2005 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED January 14, 2005

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 8,985.16

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

14,995.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 23,980.16

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....

18,247.02

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 5,733.14

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 29,272.18

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/30/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to Victory Enterprises for Media Production	\$ 1,340.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,340.00	
TOTAL (if last page of this schedule)				\$ 29,272.18	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3
(for Schedule E)

C 7000 1530 0001 8654 5793

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
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COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Maisha McKibben
SIGNATURE OF PERSON FILING REPORT

641-752-6908
TELEPHONE

January 14, 2005
DATE SIGNED

I AM FILING A January 19, 2005

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐ 1☐ CHECK IF AMENDMENT TO REPORT DATED JAN 18 2005

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 8,985.16

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 14,995.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 23,980.16**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 18,247.02

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 5,733.14

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0.00***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 27,932.18****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0.00**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/29/04	ID# CK#	Larry D. Beaty 2901 77nd Street Des Moines, Iowa 50322		\$100.00	<input type="checkbox"/>
10/28/04	ID# CK#	Ervin Ficken 1829 310th Street Melbourne, IA 50162		35.00	<input type="checkbox"/>
10/28/04	ID# CK#	Mary B. Schendel 902 W. Main Marshalltown, Iowa 50158		35.00	<input type="checkbox"/>
10/28/04	ID# CK#	David M. Stanley 115 Sunset Drive Muscatine, IA 52761		500.00	<input type="checkbox"/>
10/28/04	ID# CK#	Kathy Stockdale 1922 Cottrell Avenue Iowa Falls, Iowa 50126		50.00	<input type="checkbox"/>
10/29/04	ID# CK#	George Woodrow Wilson, Jr. 21307 Appenine Ct. Germantown, MD 20876		1,000.00	<input type="checkbox"/>
10/27/04	ID# 6237 CK# 1730	ABATE Pac 3118 Eastern Avenue NE Cedar Rapids, IA 52402		500.00	<input type="checkbox"/>
10/29/04	ID# 6034 CK# 1501	Engineers Political Action Committee 1000 Walnut Street, Suite 102 Des Moines, Iowa 50309		400.00	<input type="checkbox"/>
10/28/04	ID# 8449 CK# 2048	Gun Owners of America Political Victory Fund 8001 Forbes Place, Suite 102 Springfield, VA 22151		1,000.00	<input type="checkbox"/>
10/27/04	ID# 6160 CK# 2148	Iowa Independent Bankers Political Action Committee, 1603 22nd Street, Suite 202 West Des Moines, Iowa 50266		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,820.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/28/04	ID# 6073 CK# 795	Iowa Medical Political Action Committee 1001 Grand Avenue West Des Moines, Iowa 50265		\$250.00	<input type="checkbox"/>
10/28/04	ID# CK# 1039	Marshall County Republican Central Committee 1415 Abbott Avenue Gladbrook, Iowa 50635		2,000.00	<input type="checkbox"/>
10/28/04	ID# 9675 CK# 1040	Outdoor Advertising Association of Iowa 3101 SW 61st Atreet Des Moines, Iowa 50321		250.00	<input type="checkbox"/>
10/28/04	ID# 8445 CK# 4133	Volunteer PAC P.O. Box 158552 Nashville, TN 37215		1,000.00	<input type="checkbox"/>
10/28/04	ID# CK#	Robert D. Stewart 2005 Elmcrest Drive Marshalltown, Iowa 50158		30.00	<input type="checkbox"/>
10/27-10/31 2004	ID# CK#	Total unitemized contributions during October 27-31, 2004 time period of \$25 or less		65.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3,595.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
11/1/04	ID# CK#	Barbara Funke 2425 Cooper Avenue State Center, Iowa 50247		\$30.00	<input type="checkbox"/>
11/1/04	ID# CK#	James R. La Plant 435 E. 76th Street S. Newton, Iowa 50208		100.00	<input type="checkbox"/>
11/1/04	ID# 8451 CK# 1151	English First Political Victory Fund 8001 Forbes Place, Suite 102 Springfield, VA 22151		500.00	<input type="checkbox"/>
11/1/04	ID# 8454 CK# 1768	English Language Political Action Committee P.O. Box 9558 Washington, DC 20016		1,500.00	<input type="checkbox"/>
11/1/04	ID# 8442 CK# 1111	The Hawkeye PAC Multi Candidate Committee 3400 Woodland Lane Alexandria, VA 22309		5,000.00	<input type="checkbox"/>
11/3/04	ID# CK#	Jane C. Wiemers 2713 Hart Avenue Melbourne, IA 50162		50.00	<input type="checkbox"/>
11/5/04	ID# CK#	Wilma Baker 1211 W. State Street #204 Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
11/5/04	ID# CK#	James R. Brown 622 9th Avenue Eldora, Iowa 50627		50.00	<input type="checkbox"/>
12/23/04	ID# 6078 CK# 1603	Iowa Physical Therapy PAC 1228 8th Street, Suite 106 West Des Moines, Iowa 50265		100.00	<input type="checkbox"/>
12/30/04	ID# 8384 CK# 497	Smithfield Foods, Inc. PAC 499 Park Avenue, 5th Floor New York, NY 10022		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 7,580.00	
TOTAL (if last page of this schedule)				\$ 14,995.00	

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Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/27/04	ID# CK#	Marshalltown Times-Republican P.O. Box 1300 Marshalltown, Iowa 50158	Newspaper advertising	\$ 2,189.84
10/29/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Postage and certified mail fee for disclosure report due 10/29/04	5.11
10/28/04	ID# CK#	Marki McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for gift certificate for campaign worker	50.00
11/5/04	ID# CK#	Katie McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Consulting fee for October 25-November 5, 2004 time period	400.00
10/29/04	ID# CK#	Katie McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for two rolls of stamps	74.00
10/29/04	ID# CK#	Legislative Majority Fund 621 E. 9th Street Des Moines, Iowa 50309	Donation	5,000.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 7,718.95
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/1/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Two rolls of stamps	\$ 74.00
11/1/04	ID# CK#	Marki McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse food for campaign volunteer workers	60.97
11/1/04	ID# CK#	BDH Technology 19 S. Center Street, Suite 6 Marshalltown, Iowa 50158	Computer repair	26.75
11/3/04	ID# CK#	Renner's Flowers 201 W. Main Street Marshalltown, Iowa 50158	Flowers for campaign workers	151.31
11/3/04	ID# CK#	Harrison Brenneke Moore Etal 26 S. 1st Avenue, Suite 302 Marshalltown, Iowa 50158	Reimburse for Fed Ex shipments made to Victory Enterprises on Oct. 14 & 22, 2004	22.66
11/4/04	ID# CK#	Stephanie Horn 2504 Fremont Marshalltown, Iowa 50158	Bonus for volunteer work on campaign	50.00
11/4/04	ID# CK#	Samantha Horn 2504 Fremont Marshalltown, Iowa 50158	Bonus for volunteer work on campaign	50.00
11/4/04	ID# CK#	Elizabeth Horn 2504 Fremont Marshalltown, Iowa 50158	Bonus for volunteer work on campaign	50.00
SUB-TOTAL				\$ 485.69
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/4/04	ID# CK#	Jason McKibben 2264 Marsh Avenue Marshalltown, Iowa 50158	Bonus for campaign work	\$ 250.00
11/4/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	Bonus for campaign work	250.00
11/4/04	ID# CK#	Katie McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Bonus for campaign work	2,000.00
11/5/04	ID# CK#	Victory Enterprises 5200 SW 30th Street Davenport, Iowa 52803	Media buy	1,007.38
11/5/04	ID# CK#	Legislative Majority Fund 621 E. 9th Street Des Moines, Iowa 50309	Contribution	5,500.00
12/16/04	ID# CK#	Victory Enterprises 5200 SW 30th St. Davenport, IA 52802	Domain name renewal	35.00
12/20/04	ID# CK#	Republican Party of Iowa 621 E. 9th Street Des Moines, IA 50309	2005 Iowa Governor's Club Membership - contribution	1,000.00
	ID# CK#			
SUB-TOTAL				\$10,042.38
TOTAL (if last page of this schedule)				\$ 18,247.02

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/11/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. To Print Solutions for printing	\$ 722.70	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. to Victory Enterprises TV ad	750.00	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. VictoryStore.com GOTV calls	881.38	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. Vic. Enterprises radio/TV ad	900.00	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. VictoryStore.com GOTV calls	5,841.17	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. Postmaster for postage	1,290.59	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. ColorFx for mail processing	2,868.27	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. Postmaster for postage	6,618.63	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309		Pmt. Christian Printers for printing	7,975.07	<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 27,847.81	
TOTAL (if last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-27-04 through 11-2-04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Mileage (225 miles @ .375)	\$ 84.37	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 84.37	
TOTAL (if last page of this schedule)				\$ 27,932.18	

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(for Schedule E)